

STATE OF WASHINGTON



OFFICE OF
INSURANCE COMMISSIONER

MARKET CONDUCT EXAMINATION

of

**GUARANTY NATIONAL INSURANCE
COMPANY**

**9800 S. MERIDIAN BOULEVARD
ENGLEWOOD, COLORADO, 80155-
3329**

OCTOBER 1, 1998 – MARCH 31, 1999

Seattle Washington

February 28, 2000

Honorable Deborah Senn
Insurance Commissioner
Olympia, Washington 98504

Pursuant to your instructions and in compliance with the laws of the State of Washington, and procedures promulgated by the National Association of Insurance Commissioners and the Office of the Insurance Commissioner (OIC) a market conduct examination has been made of the

Guaranty National Insurance Company

9800 S. Meridian Boulevard

Englewood, Colorado 80155-3329

and this report of examination is respectfully submitted.

This was the second exam of the companies. This was a target exam reviewing activities in both the personal and commercial lines between October 1, 1998 and March 31, 1999. The examination included a review of the in the following areas:

Agent licensing	Complaints
Commercial Underwriting	Personal Underwriting
Commercial Claims Handling	Personal Claims Handling

The previous examination in 1992 resulted in violations involving advertising, underwriting documentation, policy cancellation and non-renewal practices.

The examiners found that the areas of concern noted in the first exam were in compliance during this exam period, except the documentation of debits and credits. This is discussed in the Commercial and Personal Underwriting section of this report.

The examination was performed in regional offices in Englewood, Colorado and Salem, Oregon.

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EXAMINATION REPORT CERTIFICATION

This examination was conducted in accordance with Office of the Insurance Commissioner and National Association of Insurance Commissioners market conduct examination procedures. This examination was performed by Sally Anne Carpenter and Shirley M. Merrill, who also participated in the preparation of this report.

I certify that the foregoing is the report of the examination, that I have reviewed this report in conjunction with pertinent examination work papers, that this report meets the provisions for such reports prescribed by the Office of the Insurance Commissioner, and that this report is true and correct to the best of my knowledge and belief.

Pamela Martin

Chief Market Conduct Examiner

Office of the Insurance Commissioner

State of Washington

HISTORY AND OPERATIONS

Guaranty National Insurance Company was organized in March 1955 under the laws of Colorado. It began business in 1955. The corporate status of the company changed in 1973 to a holding company operating as Guaranty National Corporation. A completely new subsidiary, New Guaranty National Insurance Company, was formed at that time. This company issued all of its outstanding capital stock to Guaranty National Corporation, and in exchange acquired all the assets, assumed all the liabilities, and reinsured all business in force in the name of Guaranty National Insurance Company.

In 1984 Orion Capital Corporation acquired approximately 55% of the voting control of Guaranty National. In 1988 Orion Capital purchased the remaining shares thus acquiring 100% ownership. In 1991 approximately 51% of the stock was sold to the public. The stock was re-purchased in 1996 and 1997. At the start of this exam the company was under the control of Orion Capital. The Royal and SunAlliance Group recently purchased the company.

The company is licensed to sell private passenger automobile, commercial automobile, garage, umbrella, credit, property, and commercial multi-peril coverage in Washington.

The company is led by W. Marston Becker, Chairman of the Board.

AGENT LICENSING AND APPOINTMENTS

Policy records selected for the new and renewal underwriting sample were also used for the agent-licensing sample. The examiners compared the agent listed on the policy with the Office of the Insurance Commissioner's (OIC) records to ensure that agents soliciting business for the company were licensed and appointed pursuant to the requirements of RCW 48.17.060 and RCW 48.17.160.

RCW 48.17.060(1) "No person shall in this state act as or hold himself out to be an agent, broker, solicitor, or adjuster unless then licensed therefor by this state."

RCW 48.17.160(1) "Each insurer on appointing an agent in this state shall file written notice thereof with the commissioner on forms as prescribed by the commissioner, and shall pay the filing fee therefor as provided in RCW 48.14.010...."

Commercial business in Washington is written through three general agents. Two agents are located in Washington; one is located in Portland, Oregon. Our review indicated that these agents are licensed and appointed with the company.

Personal lines business is written through independent agents and agencies. These agents must be licensed and appointed by the company in Washington to satisfy RCW 48.17.060 and RCW 48.17.160. Examiners identified 323 policies written by three agents who were not appointed according to the requirements of RCW 48.17.160.

<u>Agency Code</u>	<u>Number of policies</u>
4601192	22
4600711	243
4600552	58

A list of the policy numbers is contained in the examination work papers.

Subsequent event: The company's internal procedures have been revised to ensure that all agents are licensed and appointed prior to issuing an agency code. New business cannot be processed until the agency code is in place.

COMPLAINTS

The purpose of this section of the examination was to review the company's complaint handling procedures and compliance to WAC 284-30-360(2), which requires the company to respond to inquiries from the Insurance Commissioner's office within 15 working days from the receipt of the inquiry. The complaints were also reviewed for possible adverse trends in claim handling or underwriting.

The company has written complaint procedures. The complaint procedures address all types of complaints including insurance department inquiries, insured and third party complaints. The complaint logs track all complaints. The legal department is responsible for initial logging and tracking of complaints. Response to complaints is the responsibility of the department that generated the complaint.

The company's complaint logs for 1996 - 1999 were reviewed. The logs contained 153 entries including direct complaints to the company from insureds or third parties, and insurance department inquiries. The complaints were distributed as follows: claims (99),

underwriting (51) and agent or marketing (3). Twenty files were selected for review. All complaints contained timely responses. No adverse trends were identified.

RCW 48.05.190(1) requires insurers to do business in their own legal name. 15 violations were identified in 7 complaint files. Written responses were on generic letterhead, or the wrong insuring company was identified in the signature block. (See Appendix I for detail.)

UNDERWRITING AND RATING

The examiners selected 125 policies from a population of 1198 new and renewed commercial policies, and 200 policies from a population of 10,952 new and renewed personal policies for the examination. Forms that become part of the policies were reviewed as part of this underwriting sample. Files were reviewed to determine if:

the company follows their filed rating plans

the company follows their underwriting rules consistently

the company was in compliance with Washington State laws

The examiners also manually rated policies to determine if there were any programmed errors in the company's computer system and if the company was using their filed and approved rates.

COMMERCIAL UNDERWRITING:

Two clerical rating errors were identified resulting in return premiums totaling \$73 to the insureds. One programming error was identified in the commercial insurance Truckers Program. All the business affected was processed by one general agent. The company provides the approved rates to the agent. The agency inputs the rate data into their computer system and processes the policies. The company does not manually rate any policies processed by the agency to verify that the rates were loaded correctly. The programmed rates that contained the error had been used for approximately three years before the examiners identified the problem. The company was instructed to review all policies that might have been affected by this error. Corrections resulted in premium refunds totaling \$ 2609 to 23 policyholders. (See Appendix II for detail.)

The company has transferred almost all of the day to day activities of underwriting commercial lines for Washington business, except umbrella policies, to the general agents. These activities include the rating of risks, processing and the issuing policies, maintaining underwriting files, and issuing non-renewal notices. This review indicates a serious lack of control over this area of business by the company. Responses to inquiries from the examiners regarding monitoring procedures and safeguards indicate that the

company has tried to abdicate its responsibility to comply with Washington laws and regulations to the general agents along with the underwriting activities. There are few procedures in place to monitor and control the agent activities to ensure compliance to the laws.

Personal lines underwriting and processing are completed by the company in service centers. The examiners found that the company was accepting incomplete applications from the agents. Some of the missing data is used to determine which auto program (Mesa or Summit) is used for pricing the policy. In each case the insured was placed, at the agent's request, in Summit, the higher cost program. The commission on the higher cost program is also higher. The company's

underwriting guidelines clearly state that incomplete applications will not be accepted. The examiners returned 11 policies identified in the sample to the company to contact the insureds to verify the information needed to correctly rate the policies. Seven of these policies belonged in the Mesa program, instead of the Summit program. This resulted in return premium of \$ 770 to seven policyholders.

The examiners also found that policy fees were being waived according to the agency records. No specific violations were documented in the exam sample. The examiners are concerned, however, that the company is not following their filed rating plans by waiving these fees. The company has been advised to review their procedures regarding waiver of fees.

Our findings are as follows:

RCW 48.05.190 (1) "Every insurer shall conduct its business in its own legal name."

12 violations in 8 policy files were identified. Some policies contained multiple violations. (See Appendix I for detail.)

Subsequent event: Financial services, (a division of commercial underwriting) has revised the draft form to include the insured's name on the draft.

RCW 48.18.2901(1)(b) "Each insurer shall be required to renew any contract subject to RCW 48.18.290 unless one of the following situations exists: "(b) At least twenty days prior to its expiration date, the insurer has communicated, either directly or through its agent, its willingness to renew in writing to the named insured, and has included a statement of the amount of premium or portion thereof required to be paid by the insured to renew the policy, ..." 14 violations were identified. (See Appendix III for detail.)

RCW 48.19.040(6) "When a filing is required no insurer shall make or issue an insurance contract or policy except in accordance with its filing then in effect, except as provided by RCW 48.19.090." 30 violations were identified. (See Appendix II for detail.)

WAC 284-24-100 states in part:

"(2) A plan shall provide no more than 25% credit (reduction) or debit (charge), excluding any expense adjustment permitted by a filed and approved plan."

"(5) A plan must provide for an objective analysis by the insurer and be based on specific factual information supporting the rating. . . "

"(7) A plan shall be administered equitably and applied fairly to every eligible risk which an insurer elects to insure. Records supporting the development of individual risk modifications shall be retained by the insurer for a minimum of three years or until the conclusion of the next regular examination by the insurance department of its domicile, whichever is later and made available at all reasonable times for the commissioner's examination. Such records must include copies of all documentation used in making each particular determination, even though a credit or debit may not result." 22 violations were identified resulting in return premium of \$508 to 4

policyholders. (See Appendix IV for detail.)

WAC 284-30-590(7) "Where a rate has not changed but an incorrect premium has been charged, if the insurer elects to make a midterm premium revision, it is an unfair practice to treat the insured less favorably than as follows: (a) If a premium revision is necessary because of an error made by the insurer or agent, the insurer shall: (I) Notify the applicant or insured of the nature of the error and the amount of additional premium required; and ... (b) If the premium revision results from erroneous or incomplete information supplied by the applicant or insured, the insurer shall: ... (ii) Notify the applicant or insured of the reason for the amount of the change. 35 violations were identified because the notice sent to the insured advising of a premium change did not clearly indicate the reason for the change or did not indicate if the change was an increase or decrease in premium. (See Appendix V for detail.)

RCW 48.18.100(1) "No insurance policy form other than surety bond forms, forms exempt under RCW 48.18.103, or application form where written application is required to be attached to the policy, or printed life or disability rider or endorsement form shall be issued, delivered, or used unless it has been filed and approved by the commissioner. This Section shall not apply to policies, rider or endorsement of unique character designed for or used with relation to insurance upon a particular subject." Four violations were identified. (See Appendix V for detail.)

Subsequent event: The company has withdrawn the unfiled forms from use until they have been filed and approved.

CANCELLED AND NON-RENEWED POLICIES

The examiners selected 75 commercial policies from a population of 590 commercial policies and 270 personal policies from a population of 9,171 personal policies for the examination. The policies were either cancelled or non-renewed during the exam period. The files were reviewed to determine if the company was in compliance with state laws governing cancellations and non-renewals.

WAC 284-30-570 "Whenever an insurer is required by law to give the reason for canceling, denying or refusing to renew insurance, as for example, pursuant to RCW 48.18.291, 48.18.292, or 48.30.320, it shall give the true and actual reason for its action in clear and simple language, so that the insured or applicant need not resort to additional research to understand the reason for the action." One violation, (policy # TP 1207391) was identified. The insurer never notified the insured of the reason for non-renewal. All correspondence related to the non-renewal was between the managing general agent and the producing agent. There is no documentation to indicate the insured was copied on the letters between the managing general agent and the production agent.

CLAIMS

The examiners selected 100 claims from a population of 238 commercial claims and 225 personal claims from a population of 1800 personal claims for the examination. The files were examined for compliance with laws regarding fair claims practices, total loss settlement practices, salvage disposal, and the handling of subrogation.

The following violations were noted:

RCW 48.05.190(1) requires insurers to do business in their own legal name. 278 documents were identified in 108 claim files that did not identify the insurer. These violations occurred because corporate stationary and fax sheets were generic and did not specifically identify the insuring company either in the letterhead or the signature-block or because forms used identified the wrong insurance company. (See Appendix I for detail.)

WAC 284-30-330(9) defines an unfair claims practice. Payments to insureds or beneficiaries are to be accompanied by a statement setting forth the coverage under which payment is made. 33 checks issued on 23 claims were in violation because they did not contain an explanation of coverage under which the payment was made. (See Appendix VI for detail.)

WAC 284-30-340 requires claim files to contain all notes and work papers pertaining to the claim in such detail that pertinent events and the dates of such events can be reconstructed. 7 claim files did not contain documentation of phone calls, explanations or dates of coverage resolution, or the notes lacked sufficient detail to satisfy the requirements of the regulation. (See Appendix VI for detail.)

WAC 284-30-360 (1) and (3) requires every insurer to reply within 10 working days to pertinent communications regarding claims, on all communication which reasonably suggest that a response is expected. If the acknowledgment is made by other means than in writing, the file notes must contain an appropriate log note. 12 claim files did not meet these requirements. (See Appendix VI for detail.)

WAC 284-30-370 requires insurers to complete the investigation of a claim within thirty days after notification of the claim, unless such investigation cannot reasonably be completed within such time. 10 claim files did not comply because there was nothing in the log notes to indicate why the investigation took longer than 30 days, or it was evident to the examiners that the claim handlers were responsible for the delays. (See Appendix VI for detail.)

WAC 284-30-390 (1)(a)(b)(i-ii) defines the process for establishing the actual cash value of a total loss vehicle and requires all applicable taxes and license fees to be included in the settlement of first party total automobile losses. 5 files did not meet this requirement. (See Appendix VI for detail.)

WAC 284-30-395 (1) requires insurers to provide an insured presenting a claim for personal injury protection (PIP) a written explanation of the coverage provided by the policy. The notice must include a description of the circumstances that would allow the company to deny, limit or terminate benefits if it determines the medical or hospital services are not reasonable, not necessary, not accident related or not incurred within three years of the accident. 4 files did not contain documentation that indicated this notice had been sent. (See Appendix VI for detail.)

RCW 46.12.070 requires the insurer to notify the Department of Licensing (DOL) of a total loss by completing the Total Loss Claim Settlement Report. 3 files did not contain documentation that the DOL was notified. (See Appendix VI for detail.)

INSTRUCTIONS AND RECOMMENDATIONS

1. The company is instructed to comply with RCW 48.17.060 and 48.17.160 to ensure that all agents are licensed and appointed. (Page 6)
2. The company is instructed to comply with RCW 48.05.190(1) and establish procedures that ensure policy documents and correspondence correctly identify the legal name of the insuring company. (Pages 7, 9, 11)
3. The company is instructed to comply with RCW 48.18.2901(1)(b) by making all offers of renewal in writing to the named insured at least 20 days in advance. (Page 9)
4. The company is instructed to comply with all documentation requirements in WAC 284-24-100. (Page 9)

5. The company is instructed to comply with RCW 48.18.100(1) and file all forms that do not qualify as manuscript forms prior to use in Washington. (Page 10)
6. The company is instructed to comply with WAC 284-30-570 by sending the insured notices of non-renewal of cancellation in clear simple language that requires no additional research for the insured to understand the action. (Page 10)
7. The company is instructed to comply with WAC 284-30-330(9) and identify the specific coverage under which all claim payments are made. (Page 11)
8. The company is instructed to comply with WAC 284-30-340 to ensure claim files contain all required work papers and log notes. (Page 11)
9. The company is instructed to comply with WAC 284-30-360(1) and (3) to ensure timely responses to pertinent correspondence and notice of claim. (Page 11)
10. The company is instructed to comply with WAC 284-30-370 to investigate all claims within 30 days unless it cannot reasonably be completed within this timeframe. (Page 11)
11. The company is instructed to comply with WAC 284-30-390(a)(b)(i-ii) when establishing the market value of total loss vehicles, including payment of all applicable taxes and license fees. (Page 11)
12. The company is instructed to comply with WAC 284-30-395(1) by sending a written explanation of Personal Injury Protection coverage and limitations as required. (Page 12)
13. The company is instructed to comply with RCW 46.12.070 and notify the Department of Licensing about total loss vehicles as required. (Page 12)

RECOMMENDATIONS

1. It is recommended that the company establish and implement compliance audit procedures to review the commercial business administered by general agents.
2. It is recommended that the company review its practices regarding waiving fees on personal lines policies to ensure compliance with their filed rating plans.

APPENDIX I

Violation of RCW 48.05.190(1)

Claim Number

Number of Documents

Personal Claims	
1353810	3 Documents

1352844	1 Document
1353469	4 Documents
1351689	1 Document
1350538	1 Document
1350537	3 Documents
1350231	2 Documents
1350012	4 Documents
1350832	2 Documents
1349479	2 Documents
1348889	1 Document
1349264	2 Documents
1346558	1 Document
1347151	1 Document
1346211	1 Document
1344209	11 Documents
1344586	2 Documents
1343675	2 Documents
1345599	1 Document
1350452	7 Documents
1335333	5 Documents
1343453	1 Document
1362224	3 Documents
1369035	1 Document

1355243	1 Document
1354900	1 Document
1355011	4 Documents
1356112	5 Documents
1356621	3 Documents
1337087	2 Documents
1332131	10 Documents
1190027	4 Documents
1312413	1 Document
1318779	5 Documents
1366010	3 Documents
1335616	3 Documents
1336324	1 Document
1335168	1 Document
1324361	4 Documents
1321585	10 Documents
1345332	1 Document
1347491	1 Document
1349555	1 Document
1353882	1 Document
1357466	1 Document
1347451	2 Documents
1348553	4 Documents

1354405	2 Documents
1360506	2 Documents
1336818	6 Documents
1331095	2 Documents
1357231	2 Documents
1359438	3 Documents
1355232	1 Document
1348177	4 Documents
1343343	8 Documents
1340497	2 Documents
1340481	5 Documents
1353856	5 Documents
1350755	2 Documents
1283767	5 Documents
1354348	1 Document
1339452	2 Documents
1354589	1 Document
1360899	1 Document
1360217	3 Documents
1330489	2 Documents
1359967	2 Documents
1355835	3 Documents
1360299	2 Documents

1359540	3 Documents
1333015	2 Documents
1345905	3 Documents
1346440	4 documents
1327299	2 documents
Commercial Underwriting Policies	
UMC 1012648	Fax Cover Sheet
UMC 1011221	Fax Cover Sheet
UMC 1016151	3 Documents
TP1207424	1 Document
TP 1214345	1 Document
TP 1207376	1 check
WDG 1826	2 checks
WDG 1833	2 checks
Commercial Claims	
14-218	2 checks
14-000254	1 check
14-000251	2 check
14-000253	1 check
14-000250	2 checks
14-000249	1 check
14-000245	2 checks
14-000238	2 checks

14-229	3 checks
14-228	2 checks
62-0000507	3 checks
62-0000500	2 checks
62-0000444	2 checks
WDG1891	2 checks
WDG1833	2 checks
62-0000466	1 check
62-0000480	3 checks
62-0000482	5 checks
19-9833502	4 checks
19-9827904	3 checks
19-9836302	4 checks
13134746	1 document
1361013	1 document
1318609	1 document
1334231	1 document
1349781	1 document
1355422	1 document
1294103	2 documents
1329254	3 documents
1259229	5 documents
1347632	1 document

1302324	2 documents
1361664	1 document
Complaints	
AC 4349041	4 Documents
AC 2005669	1 Document
1308804	3 Documents
1311470	2 Documents
1200171	2 Documents
1301934	1 Document
1327877	2 Documents

APPENDIX II

Violations of RCW 48.19.040 (6)

TP 1200681	Programming error, return premium to insured - \$81.00
TP 1207253	Programming error, return premium to insured - \$206.00
TP 1207257	Programming error, return premium to insured - \$95.00
TP 1207272	Programming error, return premium to insured - \$48.00
TP 1207303	Programming error, return premium to insured - \$202.00
TP 1207307	Programming error, return premium to insured - \$134.00

TP 1207312	Programming error, return premium to insured - \$114.00
TP 1207418	Programming error, return premium to insured - \$199.00
TP 1207326	Programming error, return premium to insured - \$27.00
TP 1207334	Programming error, return premium to insured - \$105.00
TP 1207381	Programming error, return premium to insured - \$57.00
TP 1207382	Programming error, return premium to insured - \$87.00
TP 1207415	Programming error, return premium to insured - \$114.00
TP 1207318	Programming error, return premium to insured - \$88.00
TP 1207408	Programming error, return premium to insured - \$77.00``
TP 1207376	Programming error, return premium to insured - \$49.00
TP 1207391	Programming error, return premium to insured - \$263.00
TP 1207285	Programming error, return premium to insured - \$96.00
TP 1207340	Programming error, return premium to insured - \$46.00
TP 1207349	Programming error, return premium to insured - \$62.00
TP 1207347	Programming error, return premium to insured - \$182.00
TP 1207343	Programming error, return premium to insured - \$106.00

TP 1207363	Programming error, return premium to insured - \$171.00
9128869	Incorrectly place in higher rated plan. Return premium to insured \$192.00
9127932	Incorrectly place in higher rated plan. Return premium to insured \$30.00
2167332	Incorrectly place in higher rated plan. Return premium to insured \$24.00
9132600	Incorrectly place in higher rated plan. Return premium to insured \$156.00
1906790	Incorrectly place in higher rated plan. Return premium to insured \$12.00
2155241	Incorrectly place in higher rated plan. Return premium to insured \$252.00
2168797	Incorrectly place in higher rated plan. Return premium to insured \$104.00

APPENDIX III

VIOLATIONS OF RCW 48.18.2901

UMC 1012648	No renewal was offered
UMC 1011221	No renewal was offered
TP 1207423	Renewal notice only addressed to agent
GP 1857821	Renewal notice only addressed to agent
BA 1212069	Renewal notice only addressed to agent
GP 1850381	Renewal notice only addressed to agent

BA 1223898	Renewal notice only addressed to agent
TP 1207423	Renewal notice only addressed to agent
TP 1207408	Renewal notice only addressed to agent
TP 1211679	Renewal notice only addressed to agent
BA 1214993	Renewal notice only addressed to agent
BA 1223868	Renewal notice only addressed to agent
UMC 1016151	Renewal notice only addressed to agent and not within required time frame
TP 1211657	Renewal notice only addressed to agent and not within required time frame

APPENDIX IV

Violations of WAC 284-24-100

BA 1219596	Schedule credits/debits applied incorrectly. \$400 returned to insured
GP 1200177	Schedule credits/debits applied incorrectly. \$25 returned to insured
GP 1857821	Schedule credits/debits applied incorrectly. \$47 returned to insured
TP 1214370	Schedule credits/debits applied incorrectly. \$36 returned to insured
BA 1221265	Schedule credits applied incorrectly
BA 1219589	Insufficient documentation of underwriting analysis
BA 1219774	Insufficient documentation of underwriting analysis

BA 1223853	Insufficient documentation of underwriting analysis
BA 1219681	Insufficient documentation of underwriting analysis
BA 1219737	Insufficient documentation of underwriting analysis
BA 1214870	Insufficient documentation of underwriting analysis
BA 1219745	Insufficient documentation of underwriting analysis
BA 1219699	Insufficient documentation of underwriting analysis
BA 1219769	Insufficient documentation of underwriting analysis
TP 1214357	Insufficient documentation of underwriting analysis
GP 1200178	Insufficient documentation of underwriting analysis
BA 1214916	Insufficient documentation of underwriting analysis
BA 1219734	Insufficient documentation of underwriting analysis
BA 1214890	Insufficient documentation of underwriting analysis
BA 1214865	Insufficient documentation of underwriting analysis
BA 1214937	Insufficient documentation of underwriting analysis
TP 1207336	Insufficient documentation of underwriting analysis

APPENDIX V

Violations of WAC 284-30-590

2037082	Incorrect Premium Notice to insured does not clearly indicate the reason for the change, or, does not indicate whether the change is an increase or decrease in premium.
1807081	Same as above
2064433	Same as above
2098185	Same as above
2103800	Same as above
1977869	Same as above
2112393	Same as above
2057987	Same as above
1997923	Same as above
2087487	Same as above
2138468	Same as above
2031022	Same as above
2044726	Same as above
2116540	Same as above
2141495	Same as above
9107292	Same as above
2113049	Same as above
2147992	Same as above
1877056	Same as above

9134178	Same as above
2169803	Same as above
2167332	Same as above
2163714	Same as above
9127698	Same as above
2161376	Same as above
9118406	Same as above
9125057	Same as above
2162198	Same as above
2155284	Same as above
9131180	Same as above
9114444	Same as above
9113312	Same as above
2149127	Same as above
2153139	Same as above
9111413	Same as above

Violations of RCW 48.18.100

Form number	Title	Violation
00-UME3837 (1-89)	Professional Malpractice Exclusion	Form was never filed

00-UME2100 (3-89)	Professional Malpractice Following Form	Form was never filed
Unknown	Filing Fee	Form was never filed.
00-UM2103 (3-91)	Commercial Umbrella Policy Form	Form had been altered to show AOne of the Orion Companies@

APPENDIX VI

Violations of WAC 284-30-330(9)

Personal Claims	
1348553	2 Checks
1347451	1 Check
1348177	1 Check
1343343	1 Check
1340497	2 Checks
1355232	1 Check
1354405	2 Checks
1360506	1 Check
1336818	2 Checks
1331095	1 Check
1357231	1 Check
1359438	1 Check
1324066	3 Checks
1328683	4 Checks

1558393	1 Check
1360519	1 Check
1347182	1 Check
1354348	2 Checks
1339452	1 Check
1349786	1 Check
1359540	1 check
1333015	1 check
1339452	1 check

Violations of WAC284-30-340

1354348	Insufficient documentation
1355434	Insufficient documentation
1354809	Insufficient documentation
1355804	Insufficient documentation
1319771	Insufficient documentation
1282854	File not located
1342348	Insufficient documentation

Violations of WAC284-30-360(1)and(3)

1340481	Untimely response to subrogation notice
1353856	Untimely response to lien notice

1355360	Untimely response to vendor's billing
1283767	Untimely response to subrogation notice
1359540	Untimely response to subrogation notice
1320335	Untimely response to subrogation notice
1292833	Untimely response to subrogation notice
1360610	Untimely response to tender of defense letter
1362959	Untimely response to notice of claim
1294103	Untimely response to attorney's demand package
1259229	Untimely response to subrogation notice
1307485	Untimely response to subrogation notice

Violations of WAC 284-30-370

1354348	Unwarranted delay in claim investigation
1340481	Unwarranted delay in claim investigation
1355360	Unwarranted delay in claim investigation
1358707	Unwarranted delay in claim investigation
1355434	Unwarranted delay in claim investigation
1347167	Unwarranted delay in claim investigation
1334775	Unwarranted delay in claim investigation
1356047	Unwarranted delay in claim investigation
1313453	Unwarranted delay in claim investigation
1319771	Unwarranted delay in claim investigation

Violations of WAC 284-30-390(1)

1359540	Vehicles used in total loss evaluation were not all verified for condition and equipment
1333015	Vehicles used in total loss evaluation were not all verified for condition and equipment
1345905	Value for total loss was established on dealer quotes out side the local market area. Local dealer quotes should have been used
1327299	Value on vehicle established by CCC outside of local market area. Had dealer quotes from local dealers.
1346440	Vehicles used in total loss evaluation were not verified for condition and equipment

Violations of WAC 284-30-395

1350755	No PIP explanation letter sent
1348553	No PIP explanation letter sent
1360299	No PIP explanation letter sent
1362959	No PIP explanation letter sent

Violations of RCW 46.12.070

1333770	Total Loss Claim Settlement form not sent to State
1329254	Total Loss Claim Settlement form not sent to State
1336216	Total Loss Claim Settlement form not sent to State